<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

ΑĽ

Date:	<u>08-15-2010</u>	Address:	<u>117 1/2 SARGENT ST</u>
Case #:	22F46185		KENDALLVILLE,IN
County:	NOBLE		<u>46755</u>
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (o	cheek all that apply) Hotel/Motel Open - No Structure
Dumps!	ite (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): bedroom			
Red Phosphorous/Iodine Reaction(s):			
Fiammable Solvents: bedroom			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: bedroom			
Corrosive Base:			
☑ Other (item and location): <u>Ammonia Nitrate/ bedroom</u>			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:KENDALLVILLE PD	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: KENDALLVILLE FD Health Department: NOBLE CO Child Protection Service:		Fax: <u>E-MAILED</u> Fax: <u>E-MAILED</u> Fax: <u></u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: ANDREW SMITH Phone 260-432-8661			
at the second of			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.